

**2007-2008  
CITY OF PARMA  
BOYS YOUTH BASKETBALL  
REGISTRATION FORM**

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Participants must be Parma, Parma Heights or Seven Hills Residents ONLY – Proof of Residency Required.

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

PHONE (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

PARENTS' NAME (FATHER) \_\_\_\_\_ (MOTHER) \_\_\_\_\_

CIRCLE SHIRT SIZE:      Adult Small                  Adult Medium                  Adult Large                  Adult X-Large

CHECK LEAGUE YOU ARE ENTERING:

\_\_\_\_\_ 3<sup>RD</sup> & 4<sup>TH</sup> GRADE

\_\_\_\_\_ 5<sup>TH</sup> & 6<sup>TH</sup> GRADE

\_\_\_\_\_ 7 & 8<sup>TH</sup> GRADE

THE CITY OF PARMA BASKETBALL STAFF NEEDS THE ASSISTANCE OF VOLUNTEERS.  
IF YOU ARE INTERESTED IN HELPING BY BEING A COACH OR MANAGER, PLEASE CHECK  
HERE. ☐ NAME: \_\_\_\_\_

I understand that any of the Recreation Departments, their employees, volunteers or sponsors WILL NOT be held responsible for any injuries suffered on or off the playing court or while en route to or from games/practices affiliated with City Recreation programming. I shall be personally responsible for any and all medical and hospital fees and expenses that may be incurred. I understand that NO supplemental insurance is offered. I also agree to have our family uphold the highest standard of sportsmanship while attending all practices and games. I understand that, under City Ordinance, beer and other alcoholic beverages are not permitted in the parks and gymnasiums. I understand and agree that the City of Parma shall be allowed to take photographs, videos and/or write stories, of events related to the above mentioned activity. The above-named participant may appear in said videos, photographs and stories and is not entitled to any other consideration besides being able to participate in said activity. ANY FALSIFICATION OF INFORMATION ON THIS REGISTRATION FORM COULD RESULT IN FORFEITURE OF GAME AND/OR SUSPENSION.

Be sure to notify your child's coach of any medical or other condition(s) they should be aware of.

\_\_\_\_\_  
(Parent/Guardian Signature)

FEE: \$18.00

\$5.00 LATE FEE

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PLEASE MAKE CHECKS PAYABLE TO "PARMA RECREATION"